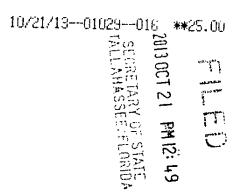
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Skincore Solutions Name of Limited I	by Olga, LLC. Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Olga Mendoza Name of Person	·····
Skincare solutions by Olga, 1	<u>1C</u>
2000 N. dixie Highway Suit	<u>1</u>
Lake Worth, FL 33460 City/State and Zip Code	2013 OCT 21 PM 12: 49 SECRETARY OF STATE FALL AHASSEE FLORID
ORUEDA 9845 @ Yahoo COM E-mail address: (to be used for future annual report notification)	OF STA
For further information concerning this matter, please	e call:
Olga Mendoza at (5	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	nt:
\$25 Filing Fee	SSS Filing Fee & Certified Conv

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: _Shin core	solutions by Olga
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 2000 N. Dixie Highway suit 1 Lake worth, FI 33:460
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7 Willowbrook Lane Apt +106. Delray Beach, FL 33496
	3/11/2013 te of filing/registration in Florida	<u>L13000036631</u> 4. Document number
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
	Registered Agent:	Olga Mendoza = = =
	Registered Office Address:	2000 N. Dixie Highway
		<u> </u>
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address
	NEW Registered Agent:	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2000 U. Dixie Highway  Suft 1  Lake worth FL 33460
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be identy company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
_		
$\frac{0}{0}$	ga Mendoza	***
	oflyped name of signee  by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00